

G3 Visas & Passports



3300 North Fairfax Drive
Suite 220
Arlington, VA 22201
Phone: 703.276.8472
Fax: 703.524.3374
Toll Free: 888.883.8472
Email: info@g3visas.com
Web: www.g3visas.com

U.S. Passport Second Valid Instructions

Required Documentation

All of documents listed below are required in order to process your request to have a second valid passport issued.

- Valid and signed U.S. Passport. **If you have an expired second valid passport you MUST submit it as well, to be cancelled.**
- One completed and signed DS 82 passport application form. **YOU MUST PRINT THE APPLICATION FORM FROM THIS WEBLINK:** <https://pptform2.state.gov/DS82/MainDS82.aspx> A sample of a correctly filled out and printed DS82 application is attached. Please note the barcode on the left hand side of the page. Your application must have this barcode.
- Two original passport photos that were taken within the last 6 months. Passport photos must be 2x2, have a light colored background and contain no uniforms or sunglasses. They must be identical and printed on photo paper. They can not be the same photos that are in any of your previous passports.
- One G3 Letter of Authorization - this allows G3 to represent you to all agencies involved in issuing the requested documents (Please see attached form).
- A copy of your flight itinerary is **REQUIRED** in order to process your request for a Second Valid Passport. For "2 Business Days or Less" processing you must show that you are leaving the country in less than 5 days.
- Letter requesting issuance of second valid passport **signed by the applicant** (see attached sample letter).
- Please send this sheet and the attached "Traveler Information" form with all fields completed.

Applicable Fees

U.S. Government Fees

Description	Expedited Service Fee
Second Valid Passport	\$127.00

G3 Visas & Passports Processing Fees

2 Business Days or Less**	5 Business Days	10 Business Days
\$250.00	\$150.00	\$100.00

**In order to process "2 Business Days or Less" requests we must have your completed documentation by 8:30am

**To request "2 Business Days or Less" you must be leaving the country in less than 5 days. Please provide the flight itinerary.

****WE MUST HAVE THE TRACKING NUMBER OF YOUR FIRST OVERNIGHT/EARLY AM PACKAGE. CALL OR FAX IT TO US**

Shipping Fees for Delivery of Passport via Federal Express

3 Business Days	Overnight Delivery	8 AM Delivery**	Saturday Delivery**	Same Day Delivery**
\$13.00	\$20.00	\$60.00	\$35.00	Please Call

Note: International delivery is available.

**If available in your area.

G3 Visas acts on the behalf of the client, and takes no responsibility for the services rendered by Travel Agents, Consulates, or Embassies in connection with granting visas.

G3 Visas takes no responsibility for delays or loss of passports as may occur through above services or by any delivery service. Damage compensation is not available.

Traveler Information

Note: All fields are required for each individual that will be needing a passport

1. Name: _____
Date of Birth: _____
2. Name: _____
Date of Birth: _____
3. Name: _____
Date of Birth: _____
4. Name: _____
Date of Birth: _____

Travel Information

Departure Date: _____ Date Needed By: _____

Shipping & Contact Information

Note: This is the address we will ship your completed passport to. This must be a physical address - NO PO BOXES

Attention to: _____
Company (If applicable): _____
Street Address: _____
Apt/Suite Number: _____
City: _____
State: _____
Postal Zip Code: _____
Home Phone: _____ Office Phone: _____
Cell Phone: _____ Fax Number: _____
Email Address (Tracking # will be emailed): _____

Payment Information

Select Payment Type:

- Check
 Established Acct
 Credit Card

	Amt from pricing	Total # of Travelers	Total Per Item
Government Fee:	_____	X _____	= _____
G3 Visa Processing Fee:	_____	X _____	= _____
Shipping Fee:	_____	X _____	= _____

Subtotal: _____
Additional 5% fee for Credit Card Payment: _____
Total Payment Enclosed: _____

For Payment via Credit Card:

Cardholder Name (exactly as it appears on the actual card): _____
Account Number: _____
Expiration Date (mm/yy): _____
Security Code (last 3 digits on the right from the back of the card): _____
Billing Zip Code: _____
Cardholder Signature: _____

Sample Letter Please Print On Company Letterhead

1-Jan-06

U.S. Passport Services
Department of State
Washington, DC 20036

To Whom It May Concern:

I work for (*NAME OF COMPANY*) as a (*POSITION WITH COMPANY*) and travel internationally with great frequency. As a consequence my passport is with me when I travel abroad and I can not obtain visas for the trips which are planned while I am out of the country **which causes undue hardships and much inconvenience.**

I am currently traveling to China on February 1, 2006 and will be returning to the United States on February 10, 2006. On February 16, 2006 I will be traveling to Russia and visas are necessary for this trip.

Please issue me a second valid passport, so I can have the visas issued while I am on the first trip. I understand that the passport will **only be valid for a limited period.** If you have any questions, please feel free to give me a call at (*Your number at work*).

Should either my original 10 year passport or my limited validity (second valid) **passport be lost or stolen,** I will report the circumstances immediately to the Passport Office in Washington, DC or if abroad, to the nearest American Embassy or Consulate.

Thank you for your assistance with this matter.

Sincerely,

SIGNED BY THE APPLICANT

Your Name

Your Title

Letter of Authorization

U.S. Passport Office
Washington Passport Agency
Washington, DC

U.S. Passport Office
Chicago Passport Agency
Chicago, IL

U.S. Passport Office
Miami Passport Agency
Miami, FL

Date: _____

To Whom It May Concern:

I, _____, hereby authorize a representative of G3 Visas & Passports to submit my passport application, discuss its status and retrieve it upon completion.

I intend to depart the United States on _____.

My date of birth is _____.

I am traveling to _____ and visas are required _____, or are not required _____ for my upcoming trip. (Place check mark)

Under the Provision of the Privacy Act of 1974 (Public Law 93-579)

No information may be released from U.S. Government files without the prior written consent of the individual in question. Consequently, an employee of the U.S. Passport Agency cannot discuss the details of your passport application with the courier service without your permission.

Thank you for your assistance with my application.

Original Signature of Applicant

G3 Visas & Passports US Offices

Washington DC Office
3300 North Fairfax Drive
Suite 220
Arlington, VA 22201
Tel : 703.276.8472
Fax : 703.524.3374
Email : info@g3visas.com

Chicago Office
8 South Michigan Avenue
Suite 1209
Chicago, IL 60603
Tel : 312.704.8472
Fax: 312.704.8150
Email : chicago@g3visas.com

Miami Office
80 SW 8th Street
Suite 2250
Miami, FL 33130
Tel : 305.285.9255
Fax : 305.859.8007
Email : miami@g3visas.com

www.g3visas.com



U.S. Department of State
APPLICATION FOR A U.S. PASSPORT BY MAIL

OMB APPROVAL NO. 1405-0020
EXPIRATION DATE: 08/31/2008
ESTIMATED BURDEN: 40 Minutes
(See Instruction Page 3)

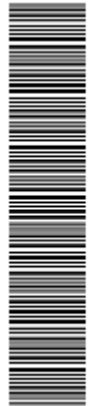
WARNING False statements made knowingly and willfully in passport applications, including affidavits or other supporting documents submitted therewith, are punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1001, 18 U.S.C. 1542 and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

When completing this form, PRINT IN BLUE OR BLACK INK ONLY.

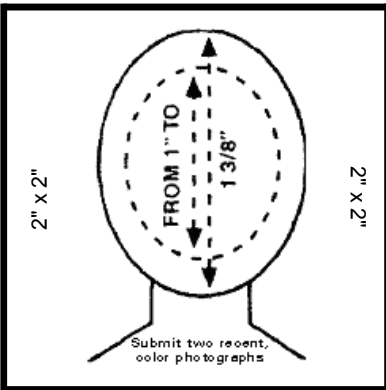
<input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> DP Issue Date _____ End. # _____ Exp. _____

1. Name of Applicant				
Last Doe		Suffix (Jr., Sr., III)		
First John		Middle		
3. Sex		4. Place of Birth (City & State <u>OR</u> City & Country)		2. Date of Birth (mm-dd-yyyy) 06/06/1963
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Montgomery, AL		5. Social Security Number (See Federal Tax Law Notice on Instruction Page 3) 111111111

6. Height	7. Hair Color	8. Eye Color	9. Occupation	10. Employer
Feet Inches 6 3	Brown	Brown	Sales	Self-Employed



DS 82 06 2005



11. Mail My New Passport To		
Street / RFD Number <u>OR</u> Post Office Box 3300 North Fairfax Dr		Apartment Number 220
City Arlington	State VA	ZIP Code 22201
Country (If Outside the U.S.)	In Care of (If Applicable) G3 Visas & Passports #15	

12. Permanent Address or Residence (If Same as Mailing Address Write "Same As Above")		
Street / RFD Number (DO NOT LIST P.O. BOX) 123 Anywhere Road		Apartment Number
City Anywhere	State VA	ZIP Code 20147

13. Home Telephone (Include Area Code)	14. Business Telephone (Include Area Code)	15. E-Mail Address (Optional)
(555) 555-5555	(555) 555-5556	



You must submit your most recent U.S. passport with this form! If you cannot submit your most recent U.S. passport, apply on Form DS-11, Application For A U.S. Passport.

16. Passport Information	
Name in Which Most Recent Passport was Issued John Doe	
Most Recent U.S. Passport Number 12345678	Issue Date of Most Recent U.S. Passport 01/01/1997

Name of Applicant <i>(Last, First, Middle, Suffix)</i> DOE, JOHN	Date of Birth <i>(mm-dd-yyyy)</i> 06/06/1963
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17. Travel Plans		
Date of Trip <i>(mm-dd-yyyy)</i> 02/01/2007	Length of Trip 2 weeks	Countries to be Visited China and Japan

18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.			
Name Julie Doe		Street / RFD Number 123 Anywhere Road	
Apartment Number	City Anywhere	State VA	ZIP Code 20147
Telephone (555) 555-5555	E-Mail Address <i>(Optional)</i>	Relationship Wife	

NOTE

You must sign and date this application in the designated area below!

19. Oath & Signature

I declare under penalty of perjury that I am a United States citizen (or non-citizen national) and have not, since acquiring United State citizenship (or U.S. nationality), performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I declare under penalty of perjury that the statements made on this application are true and correct.

X _____
Applicant's Signature

Date *(mm-dd-yyyy)*

DO NOT WRITE BELOW - FOR PASSPORT SERVICES USE ONLY - DO NOT WRITE BELOW

Evidence of Name Change

Marriage Certificate

Court Order

Document Issue Date _____

Place of Issue _____

Issuing Office/Court _____

Previous Name _____

Current Name _____

APPLICATION APPROVAL

FEE _____ EXEC. _____ EF _____ OTHER _____